

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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FEC OFFICE ONLY
FEDERAL ELECTION CENTER

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

FLORIDA SENATORIAL CAUCUS

ADDRESS (number and street)

P. O. BOX 8394

☐

(Check if address
is changed)

DELRAY BEACH

FL

33482

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

UnitedStatesSenatorialCaucuses@yahoo.com

☐

(Check if address
is changed)

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

2. DATE

10^M / 29^D / 2012^Y

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

RICHARD KEVINSTON

Signature of Treasurer



Date

10^M / 29^D / 2012^Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

Candidate Committee:

- Name of Candidate

**Office
Sought:**

House

Senate

President

State

District

- Name of
-
- Candidate

(d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

☐ Corporation
 ☐ Corporation w/o Capital Stock
 ☐ Labor Organization
☐ Membership Organization
 ☐ Trade Association
 ☐ Cooperative

☒ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

(h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

FEC ID number C

[illegible][illegible]

4. | | | | | | | | | | | | | | | | FÉC ID number C

Write or Type Committee Name

FLORIDA SENATORIAL CAUCUS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

RICHARD KEVINSTON

Mailing Address

P. O. BOX 8394

DELRAY BEACH

FL

33482

Title or Position

CITY

STATE

ZIP CODE

GOVERNMENT RELATIONS DIRECTOR

Telephone number 561 - 945 - 2234

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

RICHARD KEVINSTON

Mailing Address

P. O. BOX 8394

DELRAY BEACH

FL

33482

Title or Position

CITY

STATE

ZIP CODE

TREASURER

Telephone number 561 - 945 - 2234

12030944965

Full Name of
Designated
Agent

Mailing Address

Title or Position

Telephone number

CITY

STATE

ZIP CODE

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB&T BANK

Mailing Address

6473 WEST ATLANTIC AVENUE

DELRAY BEACH

FL

33484

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

1203094966

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

☐

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USPS Express Mail

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No Postmark

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Overnight Delivery Service (Specify):

Shipping Date

Next Business Day Delivery ☐

☐

Received from House Records & Registration Office

Date of Receipt

☐

Received from Senate Public Records Office

Date of Receipt

☐

Received from Electronic Filing Office

Date of Receipt

☐

Other (Specify):

Date of Receipt or Postmarked

Jim H

PREPARER

11/5/12

DATE PREPARED

(3/2005)

12030944967